



FRESENIUS KIDNEY CARE

Fresenius Kidney Care

3500 Lacey Road, Downers Grove, IL 60515
T 630-960-6807 F 630-960-6812
Email: lori.wright@fmc-na.com

August 20, 2018

RECEIVED

AUG 21 2018

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson, 2nd Floor
Springfield, IL 62761

Re: Final Cost Report, Section 1130.770
Project #16-049, Fresenius Kidney Care Macomb
Permit Holder: Fresenius Medical Care of Illinois, LLC, and Fresenius Medical Care Holdings, Inc.

Dear Ms. Avery:

Enclosed please find the final realized cost report submission for Fresenius Kidney Care Macomb, #16-049, along with a signed notarized cost report certification for the project as required pursuant to 7IL Adm. 1130.770.

If you have any questions, please contact me at 630-960-6807.

Sincerely,

Lori Wright
Senior CON Specialist

cc: Clare Connor



FRESENIUS KIDNEY CARE

May 23, 2018

Final Cost Report, Section 1130.770 Fresenius Kidney Care Macomb

Project #16-049, Fresenius Kidney Care Macomb

Permit Holder: Fresenius Medical Care of Illinois, LLC, and Fresenius Medical Care Holdings, Inc.

This project was for the relocation of a 6-station ESRD facility to 210 E. Calhoun in Macomb and the addition of 2 stations for a total of 8. (The application was filed with the address as 212 E. Calhoun, but the city changed the address to 210. The site has not changed). The project was obligated with the execution of the lease on June 22, 2017 and the facility began operations on March 12, 2018. The project was complete upon receipt of the CMS Certification letter on August 14, 2018 with an effective date of May 8, 2018.

Project Costs	Allowance/CON	Realized
Modernization	840,048	840,048
Contingencies	83,028	187,636
Architectural/Engineering	92,000	78,500
Movable & Other Equipment	325,000	216,659
FMV of Leased Space/Equipment	883,115	883,115
Total Project Costs	\$2,223,191	\$2,205,958

Project Costs and Sources of Funds

There are no costs that have been or will be submitted for reimbursement under Titles XVIII and XIX of the Social Security Act.

Application and Certificate for Payment (AIA G702)

G-702 attached.



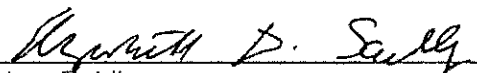
FRESENIUS KIDNEY CARE

Certification Of Cost Report
Fresenius Kidney Care Macomb
Project #16-049

Fresenius Medical Care of Illinois, LLC certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Kidney Care Macomb, Project #16-049, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

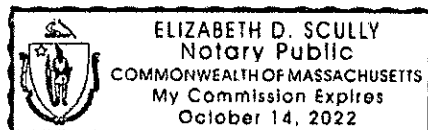
BY: 
Bryan Mello
Assistant Treasurer
ITS: _____

Subscribed and Sworn to before me
this 23rd day of May, 2018


Notary Public

My commission expires: 10/14/22

Seal





FRESENIUS KIDNEY CARE

Certification Of Cost Report
Fresenius Kidney Care Macomb
Project #16-049

Fresenius Medical Care Holdings, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Kidney Care Macomb, Project #16-049, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY: Dorothy Rizzo
ITS: Dorothy Rizzo
Assistant Treasurer

BY: Bryan Mello
ITS: Bryan Mello
Assistant Treasurer

Subscribed and Sworn to before me
this 22 day of May, 2018

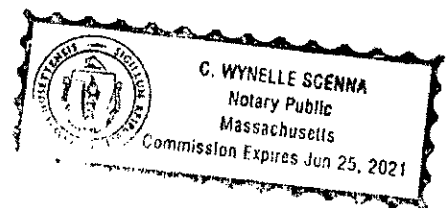
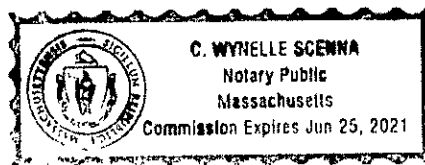
Subscribed and Sworn to before me
this 22 day of May, 2018

C Wynelle Scenna
Notary Public

C Wynelle Scenna
Notary Public

My commission expires: 06/25/2021

My commission expires: 06/25/2021



APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

(Instructions on reverse side)

PAGE 1 OF 1

TO (OWNER): Fresenius Medical Care of Illinois, LLC c/o Fresenius Medical Care NA 1909 Tyler St., 8th Fl Hollywood, FL 33020	PROJECT: Macomb 212 E. Calhoun Macomb, IL 61455 6755-1-RL-W-BO-16	APPLICATION NO: 6 APPLICATION DATE: 1/31/2018 PERIOD FROM: 1/1/2018 PERIOD TO: 1/31/2018	Distribution to: <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ARCHITECT <input type="checkbox"/> CONTRACTOR
FROM (CONTRACTOR): Peoria Metro Construction 1925 S. Darst Peoria, IL 61601	VIA (ARCHITECT): Christopher Kidd & Associates, LLC N48W16550 Lisbon Road Menomonee Falls, WI 53051	ARCHITECT'S PROJECT NO: PMC PROJECT NO: 17113FRES CONTRACT DATE: 7/13/17	

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY			
Change Orders approved in previous months by Owner		ADDITIONS	DEDUCTIONS
TOTAL		\$3,977	
Approved this Month			
Number	Date Approved		
2	1/8/2018	\$12,701.01	
TOTALS		\$16,677.87	\$0.00
Net change by Change Orders		\$16,677.87	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: Peoria Metro Construction

By:

Date:

1-26-18

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AIA DOCUMENT G702, APPLICATION AND CERTIFICATE FOR PAYMENT, MAY 1983 EDITION, AIA, 1983 THE AMERICAN INSTITUTE OF ARCHITECTS, 1735 NEW YORK AVENUE, N.W., WASHINGTON, D.C. 20006

Application is made for Payment, as shown below, in connection with the Contract.

Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM.....	\$	955,900.00
2. Net change by Change Order	\$	16,677.87
3. CONTRACT SUM TO DATE (Line 1+2).....	\$	972,577.87
4. TOTAL COMPLETED & STORED TO DATE	\$	972,577.87
(Column G on G703)		
5. RETAINAGE:		
a. 10% of Completed Work	\$	0.00
(Column D + E on G703)		
b. 10% of Stored Material	\$	0.00
(Column F on G703)		
Total Retainage (Line 5a + 5b or		
Total in Column I of G703).....	\$	0.00
6. TOTAL EARNED LESS RETAINAGE.....	\$	972,577.87
(Line 4 less Line 5 Total)		
7. LESS PREVIOUS CERTIFICATES FOR		
PAYMENT (Line 6 from prior Certificate).....	\$	834,517.67
8. CURRENT PAYMENT DUE.....	\$	138,060.20
9. BALANCE TO FINISH, PLUS RETAINAGE.....	\$	0.00
(Line 3 less Line 6)		

State of: Illinois

Subscribed and sworn to before me this 26th

Notary Public: Susan G. O'Connell

My Commission expires: 11/20/2021

County of: Peoria

City of: Peoria, Illinois

Notary Public - State of Illinois

My Commission Expires Nov 20, 2021

AMOUNT CERTIFIED.....

(Attach explanation if amount certified differs from the amount applied for.)

ARCHITECT:

By:

Date:

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

F. PRINCE
RECS - North Central

APPLICATION AND CERTIFICATE FOR PAYMENT

TO (OWNER): Fresenius Medical Care PROJECT: Macomb IL FMC 6755

AIA DOCUMENT G702

Page 1 of

FROM (CONTR.) Cohen Architectural
Woodworking
CONTRACT FOR: Millwork & Installation

VIA (ARCHITECT):

APPLICATION NO: 3
PERIOD TO: Jan 2018
CONTRACTOR'S
PROJECT NO:
CONTRACT DATE:

Distribution to:
OWNER:
ARCHITECT
CONTRACTOR

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY				ADDITIONS		DEDUCTIONS	
Change Orders approved in previous months by Owner							
TOTAL							
Approved this month							
Number		Date Approved					
TOTALS				0		0	
Net change by Change Orders				0		0	
The undersigned Subcontractor certifies that the above is a true and correct statement of the work done and the amount of the change order.							

The undersigned Subcontractor certifies that to the best of Subcontractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:

By:

Date: 1-17-18

DAVID BEADLES
Notary Public - Notary Seal
STATE OF MISSOURI
Phelps County

My Commission Expires: March 29, 2021
Commission #17298584

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

NOTICE: PROPERTY OWNERS IMPORTANT INFORMATION
CONCERNING MECHANICS LIENS ON REVERSE SIDE.

Application is made for Payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM	\$ 55,103.00
2. Net change by Change Orders	\$ -
3. CONTRACT SUM TO DATE (Line 1 + 2)	\$ 55,103.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	\$ 55,103.00
5. RETAINAGE:	
a. 10% % of Completed Work (Columns D + E on G703)	
b. 100 % of Stored Material (Column F on G703)	
Total Retainage (Line 5a + 5b or Total in Column I of G703)	\$ -
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	\$ 55,103.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	
8. CURRENT PAYMENT DUE	\$ 49,592.70
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$ 5,510.30

State of: Missouri County of: Phelps
Subscribed and sworn to before me this 17th day of January 2018
Notary Public: DJB
My Commission expires: 3-29-2021

AMOUNT CERTIFIED

(Attach explanation if amount certified differs from the amount applied for.)
ARCHITECT:

By:

Date:

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

F. J. CE
R. with Central